Item 9 Film G139 1/23/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11301

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills; MARYLAND; LENGTH OF STAY (in this place) 30 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Philip (Middle) Alexander (Last) Abney

4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan 25 1880

9. AGE last birthday: 72 yrs. If under 1 year: Months 9 Days 17; If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tenant farmer

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joel Abney

14. MOTHER'S MAIDEN NAME: Sarah Jane McGill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Philip Dyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary heart disease	4 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) advanced arteriosclerosis	3 yrs
	(c)	

4/20/1 94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to Nov 11, 1951, that I last saw the deceased alive on 11/8, 1951, and that death occurred at 5:20 a m., from the causes and on the date stated above.

SIGNATURE E.X. Thompson (Degree or title) M.D. ADDRESS Leonardtown Md DATE SIGNED 11/11/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 13-1951	St Johns	Valley Road St Marys Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/12/51	[illegible]	Jos C. Mattingley	Leonardtown Md

102-105

RECEIVED
NOV 14 1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11302

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
LENGTH OF STAY (in this place) 21 hr 40 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, U.S. Naval Air Station, Pax Riv Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural, give location) Infirmary, U.S. Naval Air Station Patuxent River, Maryland

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) BERGSTROM

4. DATE OF DEATH (Month) Nov. (Day) 26 (Year) 1951

5. SEX Male

6. COLOR OR RACE Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 11-25-51

9. AGE last birthday ---------yrs. If under 1 year Months Days If under 24 hrs. Hours 21 Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY ----

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lee Maurice BERGSTROM

14. MOTHER'S MAIDEN NAME Dorothy Lillian DELJONAVAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Infant (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS U.S. Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Anoxia	21 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	40 min.
	(c)	

773.0

158

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-25, 1951, to 11-26, 1951, that I last saw the deceased alive on 11-26, 1951 and that death occurred at 1840 P.m., from the causes and on the date stated above.

SIGNATURE H.E. Gillespie (Degree or title) ADDRESS DATE SIGNED

H.E. GILLESPIE CAPT MC USN U.S. Naval Air Station Patuxent River, Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11-28-51

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) Arlington Va. (State)

DATE REC'D BY LOCAL REG. 11/28/51

REGISTRAR'S SIGNATURE Caucasian

24. FUNERAL DIRECTOR A.B. Robinson - Leonardtown ADDRESS md.

20X251 314 V05

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BUREAU V. S.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct

Cer. ACCEPTED FOR FILING 3-2053; not prima facie evidence— ARTICLE 43 Sec. 27, Md. Annotated Code, L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Great Mills
MARYLAND LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Great Mills
STREET ADDRESS (If rural give location) 3 miles east of Great Mills

3. NAME OF DECEASED: (Type or Print) (First) Vernetta (Middle) Cecelia (Last) Brooks

4. DATE OF DEATH: (Month) Nov (Day) 19 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 10, 1926

9. AGE last birthday: 25 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas G Saxon

14. MOTHER'S MAIDEN NAME: Leola A Ennels

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Jerome Saxon, Valley Lee, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 7

Immediate cause (a) Diabetes — Interval Between Onset And Death: about 3 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 10, 1951, to Nov 19, 1951, that I last saw the deceased alive on Nov 19, 1951, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE P J Bean (Degree or title) MD ADDRESS Great Mills Md DATE SIGNED March 17/53

23. BURIAL, CREMATION, REMOVAL - (Specify) Burial DATE THEREOF Nov 22/51 NAME OF CEMETERY OR CREMATORY Holy Face Cemetery LOCATION (City, town, or county) Great Mills, St Marys (State) Md

DATE REC'D BY LOCAL REGISTRAR March 17/53 REGISTRAR'S SIGNATURE P J Bean MD

24. FUNERAL DIRECTOR P. B. Robinson ADDRESS Leonardtown Md

age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11303

Reg. Dist. No. 28

1. PLACE OF DEATH — COUNTY: St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown — LENGTH OF STAY (in this place): 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: California
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Infant (Middle) Hammett (Last)
4. DATE OF DEATH: (Month) Nov (Day) 15 (Year) 1951
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Nov 15-1951
9. AGE last birthday: yrs. — If under 1 year: Months / Days 14 — If under 24 hrs.: Hours / Min. 14 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Norbert A. Hammett
14. MOTHER'S MAIDEN NAME: Mary Roberta Redman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Norbert A. Hammett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia — 12 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mucous plug — form birth

762.0

161a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1957, to 11/15, 1957, that I last saw the deceased alive on 11/15, 1957, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD — ADDRESS: Leonardtown — DATE SIGNED: 11/16/57

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov 16-1951 — NAME OF CEMETERY OR CREMATORY: St Johnson — LOCATION (City, town, or county) (State): Holly Wood St Mary's Md

DATE REC'D BY LOCAL REG.: 11/16/57 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Joe C. Mattingley — ADDRESS: Leonardtown Md

20X151 272353

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

113104

Reg. Dist. No. 782

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: St. Mary's; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park; LENGTH OF STAY (in this place): 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) MARTHA (Middle) ELIZABETH (Last) HICKENBOTTAM

4. DATE OF DEATH: (Month) 11- (Day) 12- (Year) 1951

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: Sept. 18, 1882 | 9. AGE last birthday: 69 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher | 10b. KIND OF BUSINESS OR INDUSTRY: School | 11. BIRTHPLACE (State or foreign country): West Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jackson Robinson | 14. MOTHER'S MAIDEN NAME: Louisa Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT AND ADDRESS: Hester C. Colson - Lexington Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 hours

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Advanced arteriosclerosis — 9 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 1950, to 11/12, 1951, that I last saw the deceased alive on 11/4, 1951, and that death occurred at 8:50 a m., from the causes and on the date stated above.

SIGNATURE: E. K. Thompson (Degree or title) M.D. ADDRESS: Lexington Park, Md. DATE SIGNED: 11/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation | DATE THEREOF: 11-13-51 | NAME OF CEMETERY OR CREMATORY: Norwood Cem. | LOCATION (City, town, or county): Norwood, North Carolina (State)

DATE REC'D BY LOCAL REG.: 11/12/51 | REGISTRAR'S SIGNATURE: Cavalier | 24. FUNERAL DIRECTOR: A. B. Robinson | ADDRESS: Leonardtown

093-888

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NOV 14 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of inf[redacted]ti[redacted]fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11305

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH — COUNTY: St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charlotte Hall — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charlotte Hall Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) A. (Last) HOLTON

4. DATE OF DEATH (Month) (Day) (Year) 11 - 24 - 1951

5. SEX: male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 11-24-51

9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Edward Holton

14. MOTHER'S MAIDEN NAME: Elsie Woodland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Edward Holton - Charlotte Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) asphyxiation

761.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Breech birth - midwife delivery

160 c (c) head lodged and delivered 20 min later

INTERVAL BETWEEN ONSET AND DEATH: 15 min

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

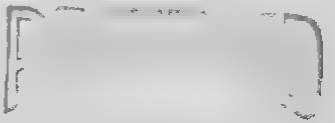
22. I hereby certify that I attended the deceased from 11/24, 1951, to 11/24, 1951, that I last saw the deceased alive on 11/24, 1951, and that death occurred at 4 25/A m., from the causes and on the date stated above.

SIGNATURE: Ray Guyther, Md (Degree or title) — ADDRESS: Mechanicsville — DATE SIGNED: 11/24/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11-24-51 — NAME OF CEMETERY OR CREMATORY: Ebenezer M.E. Cem. — LOCATION (City, town, or county) (State): Charlotte Hall, Md.

DATE REC'D BY LOCAL REG.: 11-24-51 — REGISTRAR'S SIGNATURE: Eleanor S. Canter — 24. FUNERAL DIRECTOR: P.B. Robinson - Leonardtown, Md. — ADDRESS:

X241 319



B... V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Marys; U.S. Naval Air Station, Patuxent River; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Infirmary, U. S. Naval Air Station, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington, Park
STREET ADDRESS (If rural, give location): Cedar Park, Trailer Town

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Wayne (Last) IRONS

4. DATE OF DEATH: (Month) November (Day) 18 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-18-51

9. AGE last birthday: yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): USNAS, Patuxent River, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Milford IRONS

14. MOTHER'S MAIDEN NAME: Elaine Gladys DU SOLD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: U.S. Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

INTERVAL BETWEEN ONSET AND DEATH: 35 min

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18-51, 19 .., to 11-18, 19 51, that I last saw the deceased alive on 11-18, 19 51, and that death occurred at 0215 a m., from the causes and on the date stated above.

SIGNATURE: H. E. Gillespie (Degree or title) ADDRESS: 11-19-51 DATE SIGNED

H. E. GILLESPIE CAPTAIN MC USN U.S. NAVAL AIR STATION, PATUXENT RIVER, MD.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 11/20/51

NAME OF CEMETERY OR CREMATORY: Arlington Nat.

LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REG.: 11/19/51

REGISTRAR'S SIGNATURE: Camaker

24. FUNERAL DIRECTOR: A. B. Robinson - Leonardtown Md.

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

11307

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt#5 Highway, Loveville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveville
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Francis	Floyd	Russell1	11/18/		51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Single	5/18/1910	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm labor	Farm	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James F. Russell	Ann B. Graves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	------ --	Johnson B. Wood - Leonardtown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple severe injuries — Interval between onset and death: minutes

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

170c (c) .....

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none (See Autopsy)

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway 5 — (CITY OR TOWN) Loveville — (COUNTY) St. Marys — (STATE) Md

TIME OF INJURY (Month) 11 (Day) 18 (Year) 51 (Hour) 12:45 Am. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Motor auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. — ADDRESS Leonardtown, Md — DATE SIGNED 11/20/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/20/51	St. Joseph Cemetery	Morganza, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/19/51	Cavalier	P.B. Robinson	Leonardtown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chaptico
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chaptico
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Marshall (Last) Short
4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1957
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct 28-1874
9. AGE last birthday: 77 yrs. If under 1 year: Months — Days 14 If under 24 hrs.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Short
14. MOTHER'S MAIDEN NAME: Nellie Collins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Margaret A. Barber

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Embolism	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Auricular fibrillation	4 wk
430.0 / 12d	(c) Arteriosclerosis	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Congestive Heart failure	2 yrs.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 5, 1949, to Nov 11, 1957, that I last saw the deceased alive on Nov 1, 1957, and that death occurred at 9.45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
A. Sue Dr MD Leonardtown 11/12/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov 13-1957 — NAME OF CEMETERY OR CREMATORY: St Joseph — LOCATION (City, town, or county): Morganza — (State): Md

DATE REC'D BY LOCAL REG. 11/12/57 — REGISTRAR'S SIGNATURE —

24. FUNERAL DIRECTOR: Jos C. Mattingly — ADDRESS: Leonardtown Md

NOV 14
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Mary MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements
LENGTH OF STAY (in this place) 84 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Emma (Last) Stone
4. DATE OF DEATH (Month) Nov (Day) 15 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug 30-1854
9. AGE last birthday 97 yrs. If under 1 year Months 2 Days 16 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland Charles
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Capt Jeremiah Herbert
14. MOTHER'S MAIDEN NAME Julia Anna St Clair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Maudie Gardiner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Toxemia	3 d
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Gangrene of rt foot	3 mos
92d	(c)	Arterio sclerotic cardiovascular disease	25 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11.05 A. m., from the causes and on the date stated above.

SIGNATURE Roy Luther, (Degree or title) MD ADDRESS Mechanicsville DATE SIGNED 11/15/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 17 1951
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) Bush Wood St Mary's (State) Md

DATE REC'D BY LOCAL REG. 11/16/51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1-20

1. PLACE OF DEATH: COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Minnesota — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Moorhead
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Leah (Middle) Rebecca (Last) Sunde

4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4/28/1899

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: OLE LANGSETH

14. MOTHER'S MAIDEN NAME: CAROLINE HANSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ----------

17. INFORMANT AND ADDRESS: Corlis E. Preston * Lexington Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 1 day

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 3 yrs.

E3a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m. — INJURY OCCURRED While at Work ☐ Not While at Work ☐ — HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 11/13, 1951, to 11/14, 1951, that I last saw the deceased alive on 11/14, 1951, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED
L. [illegible] MD Lexington Park, Md. 11/14/51

23. BURIAL, CREMATION, REMOVAL (Specify): TRANSPORTATION — DATE THEREOF 11/14/51 — NAME OF CEMETERY OR CREMATORY: Scandia Cemetery — LOCATION (City, town, or county) (State): Moorhead, Minnesota

DATE REC'D BY LOCAL REG. 11/14/51 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR: P. B. Robinson — ADDRESS: Leonardtown, Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11311

Reg. Dist. No. 78 V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Marys — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Elizabeth	M.	Swann		Nov	12	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	May 27 1890	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Work for self		Maryland St Marys	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Johnson W. Swann	Mary Jane Mattingley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT (AND ADDRESS)
—	—	Mrs Marie Simpson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	10 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular Disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Nov 2, 1951, to Nov 12, 1951, that I last saw the deceased alive on Nov 11, 1951, and that death occurred at 3:00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Roy Guyther	MD	Mechanicsville	11/12/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 14 1951	St Joseph	Morganza St Mary's Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/12/51		Jos C. Mattingley	Leonardtown Md

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NOV 1
BUREAU OF U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH — COUNTY: St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Compton — LENGTH OF STAY (in this place): 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Washington — COUNTY: D C
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D C
STREET ADDRESS (If rural, give location): 540 Le Baum St S E

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): George Melvin Tippett
4. DATE OF DEATH (Month) (Day) (Year): Nov 25 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 24-1909
9. AGE last birthday: 42 yrs. — If under 1 year: Months 11 Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dispatcher of equip
10b. KIND OF BUSINESS OR INDUSTRY: Wash Gas & Light Co
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Parren Tippett
14. MOTHER'S MAIDEN NAME: Mary Amelia Drury
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Geo Melvin Tippett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Massive Coronary Thrombosis — Immediate

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/25, 1951, to 11/25, 1951, that I last saw the deceased ~~alive~~ dead on 11/25, 1951, and that death occurred at 2.00 P. m., from the causes and on the date stated above.

SIGNATURE: Frank A. Camalier (Degree or title) MD — ADDRESS: Leonardtown, Md — DATE SIGNED: 11/25/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov 28-1951 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Washington D C

DATE REC'D BY LOCAL REG.: 11/25/51 — REGISTRAR'S SIGNATURE: Camalier

24. FUNERAL DIRECTOR — ADDRESS: Joe C. Mattingley, Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11313

CERTIFICATE OF DEATH

Reg. Dist. No. 2 92

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St.Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Maria (Middle) Rebecca (Last) Trent
4. DATE OF DEATH (Month) 11/ (Day) 22/ (Year) 1951
5. SEX female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 12/4/1866
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME John H. Clark
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wm. Alfred Trent - Leonardtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic pneumonia	2 months
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	several years
97	(c) Generalized Arteriosclerosis	" "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While at work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Dead when first seen, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Leighton Park, Md DATE SIGNED 11/23/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/24/51
NAME OF CEMETERY OR CREMATORY St.Aloysius Cemetery
LOCATION (City, town, or county) (State) Leonardtown, Md.
DATE REC'D BY LOCAL REG. 11/23/51
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS P.B. Robinson - Leonardtown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11314

Reg. Dist. No. 782

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Infant (Middle) (Last) Wilson

4. DATE OF DEATH (Month) 11 (Day) 7 (Year) 1951

5. SEX FEMALE

6. COLOR OR RACE B.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) INFANT

8. DATE OF BIRTH 11-7-51

9. AGE last birthday [illegible] yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. 7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY Infant

11. BIRTHPLACE (State or foreign country) Maryland - St. Mary's

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Eugene Spears

14. MOTHER'S MAIDEN NAME Mary Margaret Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT William Dent Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

983X Immediate cause (a) Exsanguination — Interval Between Onset and Death: immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lacerated aorta, spleen and liver

167 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Newborn

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

(CITY OR TOWN) Leonardtown (COUNTY) St. Mary's (STATE) Md

TIME OF INJURY (Month) 11 (Day) 7 (Year) 51 (Hour) 8 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Neck, thorax & abdomen lacerated

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE [illegible] Lane (Degree or title) ADDRESS Lexington Park Md DATE SIGNED 11/7/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 11-8-51

NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery

LOCATION (City, town, or county) (State) Morganza St. Mary's Md

DATE REC'D BY LOCAL REG. 11-9-51

REGISTRAR'S SIGNATURE F. A. Cavalier

24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Md

10X071 232 405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Full term inf which breached - Post factum -

RECEIVED
NOV 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11315

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Infant (Middle) John (Last) Phillip Young

4. DATE OF DEATH: (Month) 11 (Day) 7 (Year) 1951

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 11/ 6/ 51

9. AGE last birthday: yrs. If under 1 year: Months; Days 1; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Joseph E, Sutter

14. MOTHER'S MAIDEN NAME: Cecilia Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: --------

17. INFORMANT AND ADDRESS: Cecilia Young Lovevillem Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 159

Immediate cause (a) Prematurity — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Asphyxia — 1 day

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7, 19 51, to Nov 7, 19 51, that I last saw the deceased alive on Nov 7, 19 51, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE Wm D Bayd (Degree or title) MD ADDRESS Leonardtown DATE SIGNED 11/8/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 11/8/ 51; NAME OF CEMETERY OR CREMATORY St. Joseph; LOCATION (City, town, or county) Morganza, Md. (State)

DATE REC'D BY LOCAL REG. 11/8/51; REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR P.B. Robinson ADDRESS Leonardtown, Md.

4-D X06121231 2

RECEIVED
NOV 13 1951
BUREAU V. S.